

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083481

1. Entity Name

MEDICAL CLAIMS SPECIALISTS INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90084 024 ***150.00

Principal Place of Business

Mailing Address

4716 INDEPENDENCE DRIVE
BRADENTON FL 34210

4716 INDEPENDENCE DRIVE
BRADENTON FL 34210-1905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4716 Independence Dr

3. Mailing Address

4716 Independence Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

Bradenton, FL

Zip

34210

Country

Manatee

Zip

34210

Country

Manatee

4. FEI Number

65-0623880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLIGAN, PAUL L JR.
4716 INDEPENDENT DRIVE
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name

PAUL L MILLIGAN

Street Address (P.O. Box Number is Not Acceptable)

4716 Independence Dr.

City

BRADENTON,

FL

Zip Code

34210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MILLIGAN, PAUL L JR.
STREET ADDRESS 4716 INDEPENDENCE DRIVE
CITY-ST-ZIP BRADENTON FL 34210 President

TITLE D ☐ Delete
NAME MILLIGAN, RUBY F
STREET ADDRESS 4716 INDEPENDENCE DRIVE
CITY-ST-ZIP BRADENTON FL 34210 Secy/Trus

TITLE D ☐ Delete
NAME MILLIGAN, TIMOTHY P
STREET ADDRESS 4716 INDEPENDENCE DRIVE
CITY-ST-ZIP BRADENTON FL 34210 Director

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul L. Milligan - PAUL L MILLIGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-2000 971-774-6092

CR2E034 (9/99)